

Letter of Intent to Participate in the  
Optional Extended-day Kindergarten Program  
2008-2009 School Year

Name of District \_\_\_\_\_

Name of Superintendent (printed) \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

District Contact Person for the Optional Extended-day Kindergarten Program

\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please indicate your intent to participate in the Optional Extended-day Kindergarten program by briefly describing your anticipated program offering.

Please submit by June 1, 2008  
ATTENTION:  
Reed Spencer  
Utah State Office of Education  
250 East 500 South  
P.O. Box 144200  
SLC, UT 84114-4200  
FAX (801) 538-7769  
Email: [patty.hunt@schools.utah.gov](mailto:patty.hunt@schools.utah.gov)